

Please type a plus sign (+) inside this box →

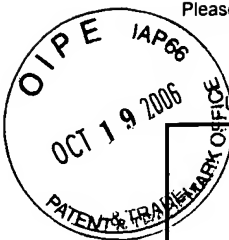


PTO/SB/21 (05/03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/533,266

Filing Date November 28, 2005

First Named Inventor FREEMAN, MATTHEW

Group Art Unit 1655

Examiner Name Shen, Bin

Total Number of Pages in This Submission

Attorney Docket Number MEWE-022

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Extension of Time request | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication
to Group |
| <input checked="" type="checkbox"/> USPTO Credit Card
Form 2038 | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences |
| <input checked="" type="checkbox"/> Restriction Election | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority
Documents | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence
Address | <input checked="" type="checkbox"/> Return postcard |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Request for Refund | |
| | <input type="checkbox"/> CD, Number of CD(s) | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent
(Reg. No.)

PAMELA J. SHERWOOD, 36,677
BOZICEVIC, FIELD & FRANCIS, LLP

Signature

Date

October 19, 2006

EXPRESS MAIL LABEL NO. EV 687 640 978 US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.